

Application for appeal

Child of or under statutory school age

Please complete this form in CAPITAL LETTERS.

Contact Details – The tribunal’s preferred method of communication is by email, phone or text. Therefore, it is crucial that you let the tribunal know of any change of email or phone number.

Section 1: Your child’s details

Surname

Gender

☐

Boy

☐

Girl

First name(s)

Date of birth

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Section 2: Your contact details

Parent One

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Home address

Postcode

Daytime phone number

Mobile phone number

Email address

If any other person or organisation shares parental responsibility for the child please give the name and address of each person or organisation and confirm that you have notified them of the appeal:

If you believe they should not receive details of the appeal, please explain why

Parent Two

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

Your representative

Is your representative legally qualified?

☐ Yes

☐ No

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other

Surname

First name(s)

Profession and organisation

Email address

Address

Postcode

Daytime phone number

Mobile phone number

Who should receive information about the appeal?

We can only send papers and documents to one of the people named on this form. If you do not say otherwise, we will send them to your representative. If you do not have a representative we will send them to the first named parent.

☐ Parent One

☐ Parent Two

☐ Representative

Section 3: Witnesses

If you have any witnesses please give their details below

Name of Witness 1

Profession

Name of Witness 2

Profession

Name of Witness 3

Profession

Section 4: The hearing – your needs and requirements

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Question 1 - Your needs

Do you have any special needs?

☐ Yes ☐ No

If Yes, please tell us about this in the box below

Question 2 - Your signer or interpreter and language requirements

Do you require a interpreter or signer to assist you at the hearing?

☐ Yes ☐ No

If Yes, please tell us the language and dialect required below

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing.

Section 5: What are you appealing against?

Please tick all those that apply:

(Note: if your appeal only relates to the local authority's decision to refuse to secure an EHC assessment or to refuse to make an EHC plan please do not complete section 4)

- ☐ I (or the school/institution) asked the Local Authority to secure an EHC needs assessment but they refused
- ☐ The Local Authority secured an EHC assessment but refused to make an EHC plan
- ☐ My child already has an EHC plan, I (or the school/institution) asked the Local Authority to re-assess my child but they refused
- ☐ The Local Authority made an EHC plan for my child, reviewed the plan or reassessed and refused to replace it or decided to stop maintaining it

AND

- ☐ I want to change or add to the description in the EHC plan of
 - ☐ (a) my child's special educational needs
 - ☐ (b) my child's health care needs and/or
 - ☐ (c) my child's social care needs
- ☐ I want to change or add to the description in the EHC plan of
 - ☐ (a) the educational help/provision my child should receive
 - ☐ (b) the health care provision my child should receive
 - ☐ (c) the social care provision my child should receive

- ☐ I disagree with the school/institution named in Part I of the EHC plan
- ☐ The Local Authority has not named a school/institution in Part I of the EHC plan

For all appeals disputing health and/or social care please complete all sections of the form including section 4.

If you are appealing against the school/institution named in Part I please provide us with the name and address of the school/institution you would prefer to be named:

Name of school/institution

Address

Postcode

If you have told the school/institution that you want them named in your child’s EHC plan, please give the date of notification?

/

/

If you cannot name a particular school/institution, please describe the type of school/institution you would like your child to attend.

I disagree with the Local Authority's (LA's) decision because:

I disagree with the description of my child's difficulties because:

My child's difficulties are:

I disagree with the LA description of my child's provision because:

The help that my child requires to learn is:

I disagree with the LA's choice of school/institution because:

I prefer my choice of school/institution because:

(please continue on a separate page if necessary)

Section 6: Your appeal

Which Local Authority made the decision against which you are appealing?

On what date did the Local Authority send you the letter giving their decision?

/ /

Who is your healthcare provider?

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing?

☐ Yes ☐ No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available

☐ Yes ☐ No

I consent to the local authority obtaining my child's views on the issues in the appeal to submit to the Tribunal with their response

☐ Yes ☐ No

Existing claims/appeals

Is there another current appeal in relation to this child or a sibling, that is being dealt with at the moment?

☐ Yes ☐ No

If Yes, please give the appeal number

Do you have an existing Disability Discrimination Claim for this child?

☐ Yes ☐ No

If Yes, please give the

date of claim

/ /

claim number

If possible, would you like these appeals to be heard at the same time?

☐ Yes ☐ No

Section 7: Application for a recommendation where there is an existing EHC plan

Where an application for a recommendation has been made the Local Authority will copy the appeal form on to the health and/or social care provider.

I disagree with the health care needs or provision set out in the Education Health and Care plan because:

I want the Tribunal to make a recommendation about the health care needs and/or provision my child needs as follows:

I disagree with the social care needs or provision set out in the Education Health and Care plan because:

I want the Tribunal to make a recommendation about the social care needs and/or provision my child needs as follows:

Section 8: Checklist

I confirm that the following documentation is enclosed with this appeal form:

- ☐ A signed and dated letter from the Local Authority giving you the right of appeal to HM Courts & Tribunals Service (Local Authority decision letter)
- ☐ A copy of the signed mediation certificate or I confirm that my appeal is about the school/institution or type of school/institution only and no certificate is necessary
- ☐ Your reasons for making the appeal (see section 2 of the appeal form)
- ☐ A copy of your child's EHC plan and all the documents listed in Part K (where a plan has been issued)
- ☐ The appeal form has been signed and dated by parents/parental representative making the appeal

Section 9: Please sign below

1st Parent signature

2nd Parent signature

Representative signature

(a qualified lawyer can sign on your behalf with your permission)

If you are sending your appeal via email please type your name in the signature box.

Who are you representing?

- ☐ 1st Parent
- ☐ 2nd Parent

Date / /

Section 10: Sending us your appeal

When you have completed the appeal form and signed it, please send it and all other relevant documents to

HM Courts & Tribunals Service
Special Educational Needs and Disability Tribunal
1st Floor, Darlington Magistrates Court
Parkgate
Darlington DL1 1RU

Fax: 0870 739 4017

Email: sendistqueries@hmcts.gsi.gov.uk

If you need to contact us by telephone our number is: 01325 289350

Please keep a copy of the appeal form.

You must send your appeal to the Tribunal no later than 2 months from the date of the Local Authority's decision letter or within one month of date of the mediation certificate if later. If the appeal is submitted to the Tribunal more than 2 months after the date of the Local Authority's letter or one month after the date of the mediation certificate, you must set out in writing the reasons for the delay and why you think the appeal would succeed if time for making the appeal is extended and if you do not do so, the papers will be returned to you without being registered or seen by a Tribunal Judge.



It is important to us that everyone who has contact with HM Courts & Tribunals Service, receives equal treatment. We need to find out whether our policies are effective and to take steps to ensure the impact of future policies can be fully assessed to try to avoid any adverse impacts on any particular groups of people.

That is why we are asking you to complete the following questionnaire, which will be used to provide us with the relevant statistical information. **Your answers will be treated in strict confidence.**

Thank you in advance for your co-operation.

What is your ethnic group?

White

- (a) ☐ English/Welsh/Scottish/Northern Irish/British
- (b) ☐ Irish
- (c) ☐ Gypsy or Irish Traveller
- (d) ☐ Any other White background

Mixed / multiple ethnic groups

- (e) ☐ White and Black Caribbean
- (f) ☐ White and Black African
- (g) ☐ White and Asian
- (h) ☐ Any other Mixed / multiple ethnic background

Asian/Asian British

- (i) ☐ Indian
- (j) ☐ Pakistani
- (k) ☐ Bangladeshi
- (l) ☐ Chinese
- (m) ☐ Any other Asian background

Black / African / Caribbean / Black British

- (n) ☐ African
- (o) ☐ Caribbean
- (p) ☐ Any other Black / African / Caribbean background

Other ethnic group

- (q) ☐ Arab
 - (r) ☐ Any other ethnic group
 - (s) ☐ Prefer not to say
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